

INDIANA PROFESSIONAL LICENSING AGENCY 302 W. WASHINGTON STREET, ROOM E034 INDIANAPOLIS, IN 46204 (317) 232-2980

INSTRUCTIONS: This application must be completed by the instructor and filed by the approved educator. Attach a resume.

From: To: Name of past employer Brief job description: From: To: Name of past employer Employer address Date employed: From: To: Name of past employer Employer address Employer address Employer address Employer address	Name of instructor				
QUALIFICATIONS Instructors must possess at least one (1) of the following minimum qualifications. Please indicate all that apply. 1) An instructor for a cosmetology school licensed under IC 25-8-5 Name of school: Dates of experience:	Address (number and street city state 7IP code)				
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Outline in detail all teaching experience:				
Outline in detail the qualifications which demonstrate your expertise in the cosm	netology profession topics you will b	e teaching:		
Have you attended an instructor class, seminar, or workshop in the last five year	ars?			
If Yes, indicate the approximate date, type of course, and sponsor / provider:				
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Are you currently licensed as a cosmetology professional?	No lime actively licensed:			
	ne actively licensed			
Have you ever had a cosmetology professional license or any other license to prevoked? Yes No If Yes, explain on a separate sheet of	practice in another profession denied	d, restricted, suspended, or		
Is there any disciplinary action pending against you by a cosmetology board or If Yes, explain on a separate sheet of paper.	licensing agency?	∐ No		
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I, the undersigned, certify that the information given in this application is correc	t to the best of my knowledge.			
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FOR OFFICE	LISE ONLY			
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